

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000046339

Entity Name: APP-CHEM, INC

FILED
Jul 06, 2004
Secretary of State

Current Principal Place of Business:

447 COREY AVE
ST. PETERSBURGH, FL 33706

New Principal Place of Business:

Current Mailing Address:

447 COREY AVE
ST. PETERSBURGH, FL 33706

New Mailing Address:

FEI Number: 35-2204730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENDRICK, MICHAEL D
447 COREY AVE
ST. PETERSBURGH, FL 33706

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OFFI () Change (X) Addition
Name: KENDRICK, MICHAEL D
Address: 447 COREY AVENUE
City-St-Zip: ST PETE BEACH, FL 33706

Title: OFFI () Change (X) Addition
Name: KENDRICK, PAULINE
Address: 447 COREY AVENUE
City-St-Zip: ST PETE BEACH, FL 33706

Title: OFFI () Change (X) Addition
Name: BUNTON, GRAHAM
Address: 447 COREY AVENUE
City-St-Zip: ST PETE BEACH, FL 33706

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL D KENDRICK

OFFI

07/06/2004

Electronic Signature of Signing Officer or Director

Date